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COVER LETTER

TO: Amendment Section
Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPO	RATION: LEMUC	Lia FLORIDA	+ Corp.		
DOCUMENT NUM	BER: <u> </u>	01109	·	_	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Richad	o Resino			
		Name of Contact Person	n		
		Firm/ Company			
	8004 NW 15	イルキャイナー			
	miami La	kes FL 33016			
		City/ State and Zip Cod	е		
	Ricusae 6 E-mail address: (to be us	2 gmail. com	•	_	
	E-mail address: (to be us	ed for future annual report	notification)	2022	
For further information	on concerning this matter, plea	se call:			
Ricaros	aes: 👝	at (_305	300-059	14 15 E	1
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber (🛣	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	• •	

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

LEMURIA FLORIDA	LOEP.	
(Name of Corporation as cur	rently filed with the Florida Dept. of S	<u>tate)</u>
P01100000119		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation"	". A professional corporation name	e abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
		20 2
		2
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of	the it is the
new registered agent and/or the new registered office ad	dress:	$\overline{}$ ω
Name of New Registered Agent		
Name of New Neglisterea Agein		<u>်</u> က်
(Flor	ida street address)	 5
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	(City) . F10	rida(Zip Code)
	, 5, 7, 7	,
New Registered Agent's Signature, if changing Registered	Agent:	
Thereby accept the appointment as registered agent. I am fan.	ulliar with and accept the obligations of t	he position.
Stenuture of .	New Registered Agent, (Fehanging	
 Description for a substituting that place of the first of the first open and the first open and	, , , , , , , , , , , , , , , , , , , 	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

F

XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>D</u>	Felix 6 URTEGA	8004 NW 154 5+#11
Add			Micmi Lakes fl 33016
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remiese			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	Attach additional sheets, if necessary).	(Be specific)				
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not e	ontained in the	amendmen	<u>t itself:</u>	
	(if not applicable, indicate N/A)					
						
			_			
			_			
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	ent file date)
Natar If the data incorted in this blo	ck does not meet the applicable statutory filing	
document's effective date on the Department		requirements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cas icient for approval.	st for the amendment(s)
	oved by the shareholders through voting groups. ach voting group entitled to vote separately on th	
"The number of votes cast fo	or the amendment(s) was/were sufficient for appro	oval
by	(voting group)	
	(voting group)	
Dated June	8,2022	
Signature		
	ector, president or other officer – if directors or of by an incorporator – if in the hands of a receiver,	
	d fiduciary by that fiduciary)	Thinee, or other court
_	(Typed or printed name of person signi	
	(Typed or printed name of person signi	ng)
	Director	
	(Title of person signing)	

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